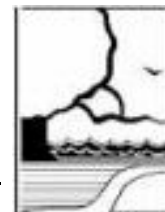




# ILLINOIS DEPARTMENT OF NATURAL RESOURCES

## Office of Oil and Gas

One Natural Resources Way  
Springfield, Illinois 62702-1271



(217) 782-7756

### OG-4 Application to Amend a Class II Injection Well Permit

Purpose of Amendment: ☐ Change injection interval/medium ☐ Deepening

Well Name: \_\_\_\_\_ Permit # \_\_\_\_\_ Reference # \_\_\_\_\_

**LOCATION OF WELL:** \_\_\_\_\_ ft. North or \_\_\_\_\_ ft. South, and \_\_\_\_\_ ft. East, or \_\_\_\_\_ ft. West of the \_\_\_\_\_

Corner of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of Section \_\_\_\_\_, Township \_\_\_\_\_ (North-South)

Range \_\_\_\_\_ (East-West) of the \_\_\_\_\_ Principal Meridian, \_\_\_\_\_ County.

Proposed Injection Medium: \_\_\_\_\_

Proposed Changes in Well Construction (Explain): \_\_\_\_\_

Desired Maximum Injection Pressure \_\_\_\_\_ psi and Rate \_\_\_\_\_ B/D

Name of Drilling contractor (if deepening) \_\_\_\_\_

PRESENT STATUS		PROPOSED STATUS	
Surf. Csg. Depth _____ ft.	Surf. Csg. _____ in.	Tubing Size _____ ft.	Liner _____ in.
Tubing Size _____ ft.	Drill Hole _____ in.	Pkr. Depth _____ ft.	Depth from _____ ft. to _____ ft.
Pkr. Depth _____ ft.	Cement _____ sx.		Cement _____ sx.
Depth of Inj. Intervals (Top and Bottom)	Prod. Csg. _____ in.	Depth of Inj. Intervals (Top and Bottom)	Geologic Name
	Drill Hole _____ in.		
	Cement _____ sx.		
	Geologic Name		
Prod. Csg. Depth _____ ft.		Prod. Csg. Depth _____ ft.	
T.D. _____ ft. P.B.T.D. _____ ft.		T.D. _____ ft. P.B.T.D. _____ ft.	

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION, INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE.

\_\_\_\_\_  
Name of Applicant ( Please Print )

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**The Application to Amend a Class II Injection Well Permit Shall Include:**

*(Note: Form OG-4 is NOT required to be submitted for a request for a change of injection pressure only.)*

A. For a change of the injection medium:

1. Completed permit amendment application form (OG-4).
2. A copy of the initial completion report and/or all casing and cementing records of the well to date.
3. Evidence that the proposed maximum injection pressure will not initiate fractures in the injection zone or overlying strata such as:
  - a. a copy of the ticket and pressure chart from a "frac" or "acid" treatment in the injection interval in the well, or of the same interval in a nearby well, that shows instantaneous shut-in pressure (ISIP). The maximum allowable injection pressure shall be 10 percent less than the ISIP, or
  - b. results of a step rate test that show that the proposed maximum injection pressure will not propagate fractures allowing the injection medium to migrate out of the injection interval. The maximum injection pressure shall be 10 percent less than the breakdown pressure on the test.
4. Statement identifying injection medium. If water, submit analysis with date of sample collection (must be no older than one (1) year) and must include at least the following parameters: Chlorides, Total Dissolved Solids, pH and Specific Gravity. For any other medium, include chemical analysis identifying medium proposed for injection.
5. A statement certifying there are no potable water wells located within 200 feet of the proposed Class II UIC well, and no municipal water supply wells located within 2500 feet of the proposed Class II UIC well.
6. Application fee of \$100.00. Check should be made out to Illinois Department of Natural Resources/Office of Mines and Minerals (IDNR/OMM).

B. For a change of the injection interval:

1. Completed permit amendment application form (OG-4).
2. A copy of the initial completion report and/or all casing and cementing records of the well to date.
3. Plat map showing well to be amended and all wells (active, abandoned, and plugged) ever drilled within one-quarter (1/4) mile; the boundaries of the leasehold or unit; the surface owner where the well proposed to be amended is located; and names of all producing leaseholders within one-quarter (1/4) mile.
4. Complete copy of any logs run in the proposed well, if not previously submitted.
5. Evidence that the proposed maximum injection pressure will not initiate fractures in the injection zone or overlying strata.
6. Standard lab analysis of the injection fluid. The analysis must show the date of sample collection, must be no older than one (1) year and must include at least the following parameters: Chloride, Total Dissolved Solids, pH and Specific Gravity.
7. Geologic name and depth of the formations and locations of the wells from which the injection fluid is to be obtained.
8. The original of the Certificate of Publication from the newspaper that published the public notice. The notice must be published no earlier than thirty (30) days prior to the date of filing of the application. The notice must contain all of the information outlined in Section 240.370 (a) of the department rules.
9. Proof of mailing (returned certified mail cards) of the notice of application to the surface owner where the proposed well is located and to each producing leaseholder within one-quarter (1/4) mile of the proposed well.
10. A statement certifying there are no potable water wells located within 200 feet of the proposed Class II UIC well, and no municipal water supply wells located within 2500 feet of the proposed Class II UIC well.
11. Application fee of \$300.00. Check should be made out to Illinois Department of Natural Resources/Office of Mines and Minerals (IDNR/OMM).